

Virginia Acute Stroke Telehealth (VAST) network

Quarterly report to the Federal Communications Commission and the
Universal Service Administrative Company

July, 2008

1. Project Contact and Coordination Information

a. Identify the project leaders and respective business affiliations.

Gerald J. Kane, Director, Grants and Contracts, Office of Sponsored Programs, University of Virginia

Alternate: Eugene V. Sullivan, Director, Office of Telemedicine, University of Virginia

b. Provide a complete address for postal delivery and the telephone, fax and email address for the responsible administrative official:

Office of Sponsored Programs, PO Box 400195, 1001 North Emmett Street, Charlottesville, VA, 22094. 434.924.6142. 434.982.3096.

gjk5y@virginia.edu

c. Identify the organization that is legally and financially responsible for the conduct of activities supported by this award.

Office of Sponsored Programs, the University of Virginia.

d. Explain how project is being coordinated throughout the state.

The University of Virginia is leading the effort along with the Virginia Department of Health, the Virginia Telehealth Network and the Office of the Secretary of Technology, Center for Innovative Technology. Working with the Virginia Stroke Systems of Care Task Force we have identified hospitals and community health centers for which expanded broadband connectivity will advance the mission of providing access to contemporary and timely stroke care regardless of location within the Commonwealth. We plan to deploy in phases. We have identified our first list of potential sites who previously articulated a sincere interest in participation. We are in the process of designing our letters of agency and will contact interested hospitals and clinics to confirm participation.

2. Identify all Health care facilities included in the network:

As the pilot awardee, UVA and its rural clinic in Orange, VA are the first healthcare facilities to commit to participation. Additional sites will be included as articulated in our proposal once letters of agency have been signed.

a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code, six-digit census tract, and phone number for each health care facility participating in the network.

b. For each participating institution, indicate whether it is:

I. Public or non public

II. Not for profit or for profit

III. An eligible healthcare provider or ineligible healthcare provider with an explanation of why the healthcare facility is eligible under section 254 of the 1996 Act and the Commission's rules or a description of the type of ineligible health care provider entity.

University of Virginia Health System, 1215 Lee Street, Charlottesville, VA, 22908, Albemarle County, RUCA Primary 1, Secondary 1.0, census tract 000600, 434.924.5470

Public institution, eligible under Commission's rules.

University of Virginia, University Physicians at Orange, 661 University Lane, Orange, VA, 22960, Orange County, RUCA Primary 1, 7, Secondary 7.0 census tract 990200, 434.924.5470 Public institution, eligible under section 254 of the Act.

3. Network Narrative:

The competitive bidding process has not started and we have not selected a vendor.

4. List of Connected Health Care Providers:

No sites have been connected during this reporting period.

5. Identify the following non recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to date:

No non recurring or recurring costs have been accrued during this reporting period.

6. Describe how costs have been apportioned and the sources of the funds to them:

No costs have been apportioned during this reporting period.

7. Identify any technical or non technical requirements or procedures necessary for ineligible entities to connect to the participant's network:

At the present time there are no plans to include ineligible entities on the VAST network.

8. Provide an update on the project management plan:

The PI, Dr Karen Rheuban along with Dr Nina Solenski, Dr Kathy Wibberly, PhD. Cynthia Berrigan and the alternate Project Contact Eugene Sullivan have developed the phase one (1) deployment plan. Overall we anticipate that we will be able to follow closely to our original proposal submitted to the FCC. The major challenge, to date, is the lack of funding for the management and administrative functions necessary and required by the Pilot Program. In our original proposal we had sought funding from the Pilot Program to cover management, administration and evaluation. When the FCC issued the Pilot

Program awards, in the order that accompanies that announcement, all administrative costs were disallowed. This has caused delays in our implementation plan however we are still moving forward and will search for alternate sources of funding and actions to address this regulatory decision.

9. Provide detail on whether network is or will become self sustaining:

Many of the partners that the VAST identified in the original proposal are already active Telemedicine or Telehealth sites. Some have been involved in the University of Virginia Telemedicine program for over 7 years. These sites have already demonstrated sustainability and we anticipate that they will continue to flourish even after the Pilot Program. During our process to obtain the required Letter of Agency from each health care entity we will stress to them the need for community involvement with the goal of long term sustainability.

10. Provide detail on how the supported network has advanced telemedicine benefits:

While we have not yet deployed the “supported network” the University of Virginia currently supports a Telemedicine network that covers many areas in the Commonwealth. Using the current network we have conducted over 12500 patient encounters. Our Teleradiology effort has read over 30,000 images transmitted from remote sites. We have broadcast thousands of hours of health and clinical education programs, many of these were for continuing medical education credits. One of the primary goals of the “supported network” is to expand on this on going effort by incorporating a continuum of care for Stroke. This will involve live interactive patient encounters when the Stroke victim presents in the rural hospital emergency room. Rapid transfer of the CT radiology images to the Neurology Stroke Team at the University of Virginia. This can lead to timely intervention that may minimize the devastating effects of Stroke. The educational component will be used for all participants, EMT’s, clinicians, Stroke victims and their care givers. This is an exciting program and we believe it will greatly affect the outcomes for Stroke victims in Virginia.

11. Provide detail on how the supported network has complied with HHS health IT initiatives.

We plan to include HHS health IT initiatives in the “supported network”. Just as we do in our current operating network we meet all HIPAA requirements for patient confidentiality and security. All our transmissions are encrypted or transmitted over a secure network. We have started discussions with our RHIO’s and plan to incorporate them into the project as appropriate.

12. Explain how the selected participant coordinated in the use of their health care networks with the HHS and, in particular, with the Centers for Disease Control and Prevention:

The University of Virginia, Office of Telemedicine has worked closely with the CDC on numerous occasions. We have used our existing network to broadcast lectures from the CDC to rural hospitals and clinics in Virginia. This was used

extensively for disseminating information on Anthrax. Immediately following Hurricane Katrina the University of Virginia activated Operation Cavalier Cares. The Office of Telemedicine working with the Virginia Department of Health and the Virginia Information Technology Agency rapidly deployed and connected a Telemedicine Clinic at Fort Pickett, Virginia in anticipation of receiving evacuees from New Orleans. This gave us a great opportunity to work with other state agencies, the Red Cross, FEMA and HHS. Currently we are the hub for a 12 hospital network in central Virginia formed to coordinate and cooperate in the event of a manmade or natural disaster. This network has voice, video and data connections and is tested monthly.